| Submit 1 Copy To Appropriate District                                        | State of New Me                               | xico                   | Form                                                       | n C-103    |  |  |
|------------------------------------------------------------------------------|-----------------------------------------------|------------------------|------------------------------------------------------------|------------|--|--|
| Office<br><u>District I</u> – (575) 393-6161                                 | Energy, Minerals and Natu                     | ral Resources          | Revised July 18, 2013                                      |            |  |  |
| 1625 N. French Dr., Hobbs, NM 88240<br>District II – (575) 748-1283          |                                               |                        | WELL API NO.<br>30-015-43398                               | ļ          |  |  |
| 811 S. First St., Artesia, NM 88210                                          | OIL CONSERVATION                              |                        | 5. Indicate Type of Lease                                  |            |  |  |
| <u>District III</u> – (505) 334-6178<br>1000 Rio Brazos Rd., Aztec, NM 87410 | 1220 South St. Fran                           |                        | STATE STEE                                                 | ]          |  |  |
| <u>District IV</u> – (505) 476-3460                                          | Santa Fe, NM 87                               | 7505                   | 6. State Oil & Gas Lease No.                               |            |  |  |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505                               |                                               |                        |                                                            |            |  |  |
|                                                                              | CES AND REPORTS ON WELLS                      | <del></del>            | 7. Lease Name or Unit Agreemen                             | t Name     |  |  |
| (DO NOT USE THIS FORM FOR PROPOS                                             | _                                             |                        |                                                            |            |  |  |
| DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)                                 | Hogan State Com                               |                        |                                                            |            |  |  |
| 1. Type of Well: Oil Well                                                    | 8. Well Number 25H                            |                        |                                                            |            |  |  |
| 2. Name of Operator                                                          |                                               |                        | 9. OGRID Number                                            |            |  |  |
|                                                                              | OG Operating LLC                              |                        | 229137                                                     |            |  |  |
| 3. Address of Operator One Concho Center 6                                   | 00 W. Illinois Ave., Midland, Tx 7            | 9701                   | 10. Pool name or Wildcat Empire; Glorieta-Yeso, East 96610 |            |  |  |
| 4. Well Location                                                             | oo w. mnois Ave., widand, 1x /                |                        | Empire, Gioricia-Teso, East                                |            |  |  |
|                                                                              | 2200 fact from the Court                      | ling and               | 170 fact from the West                                     | lina       |  |  |
| Unit Letter L :                                                              | 2380 feet from the South                      |                        | feet from the West                                         | line       |  |  |
| Section 2                                                                    | Township 17S  11. Elevation (Show whether DR, | Range 29E              | NMPM County EDI                                            | )Y         |  |  |
|                                                                              | 3643'                                         |                        |                                                            |            |  |  |
|                                                                              |                                               |                        |                                                            |            |  |  |
| 12 Check A                                                                   | ppropriate Box to Indicate N                  | ature of Notice        | Report or Other Data                                       |            |  |  |
|                                                                              |                                               |                        | •                                                          |            |  |  |
| NOTICE OF IN                                                                 |                                               |                        | SEQUENT REPORT OF:                                         |            |  |  |
| PERFORM REMEDIAL WORK                                                        | PLUG AND ABANDON                              | REMEDIAL WOR           |                                                            | SING 🗌     |  |  |
| TEMPORARILY ABANDON                                                          | CHANGE PLANS                                  | COMMENCE DRI           | <del></del>                                                |            |  |  |
| PULL OR ALTER CASING DOWNHOLE COMMINGLE                                      | MULTIPLE COMPL                                | CASING/CEMENT          | I JOB []                                                   |            |  |  |
| CLOSED-LOOP SYSTEM                                                           |                                               |                        |                                                            |            |  |  |
| OTHER:                                                                       | APD Extension ⊠                               | OTHER:                 |                                                            |            |  |  |
| 13. Describe proposed or compl                                               | eted operations. (Clearly state all J         | pertinent details, and | d give pertinent dates, including esti                     | mated date |  |  |
|                                                                              |                                               | C. For Multiple Cor    | npletions: Attach wellbore diagram                         | of         |  |  |
| proposed completion or reco                                                  | ompletion.                                    |                        |                                                            |            |  |  |
|                                                                              |                                               |                        |                                                            |            |  |  |
|                                                                              |                                               |                        | NM OIL CONSER                                              | WATION     |  |  |
| ets must                                                                     | COG Operating LLC re                          |                        | ARTESIA DISTR                                              | ICT        |  |  |
| tension requests (-102                                                       | on to this APD                                |                        |                                                            |            |  |  |
| Future extension requests must be accompanied by Form C-102                  | scheduled to expire                           | e 09/30/2017.          | 9-30-2018 SEP 01 20<br>RECEIVED                            | 17         |  |  |
| pe accompa                                                                   | one Year                                      | uppres                 | BECEIVE                                                    |            |  |  |
|                                                                              |                                               | - ',                   | RECEIVED                                                   | )          |  |  |
|                                                                              |                                               |                        |                                                            |            |  |  |
| Spud Date:                                                                   | Rig Release Da                                | ate:                   |                                                            |            |  |  |
| <u> </u>                                                                     |                                               | <u> </u>               |                                                            |            |  |  |
|                                                                              |                                               |                        |                                                            |            |  |  |
| I hereby certify that the information a                                      | bove is true and complete to the be           | est of my knowledge    | e and belief.                                              |            |  |  |
|                                                                              | $\supset c$                                   |                        |                                                            |            |  |  |
| SIGNATURE AND A                                                              | TITLE I                                       | Regulatory Analyst     | DATE <u>08/30/20</u>                                       | <u> 17</u> |  |  |
|                                                                              |                                               |                        |                                                            |            |  |  |
| Type or print name Robyn M. R                                                | ussell E-mail address:                        | Rrussell@concl         | no.com PHONE: 432-685-                                     | 4385       |  |  |
| For State Use Only                                                           |                                               | . 04                   |                                                            |            |  |  |
| APPROVED BY:                                                                 | TITLE STA                                     | H ~                    | DATE 9-1-17                                                | •          |  |  |
| Conditions of Approval (if any):                                             | /H                                            | <del>''''</del>        | Dill                                                       |            |  |  |

District 1 1625 N. French Dr., Hobbs, NM 88240 Phone: (575) 393-6161 Fax: (575) 393-0720 District II. 811 S. First St., Artesia, NM 88210 Phone: (575) 748-1283 Fax: (575) 748-9720 District III. 100 Rio Brazos Road, Aztec. NM 87410 Phone: (505) 334-6178 Fax: (505) 334-6170

1220 S. St. Francis Dr., Santa Fe, NM 87505 Phone: (505) 476-3460 Fax: (505) 476-3462

District IV

State of New Man of Conservation
Energy, Minerals & Natural Resource Promoter
OIL CONSERVATION DIVISION
1220 South St. Francis DF.
Santa Fe. NM 87505

RECEIVED

Form C-102 Revised August 1, 2011 Submit one copy to appropriate District Office

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

| 1                                 | API Number                              |                               | T                  | <sup>2</sup> Pool Code |                       | <sup>3</sup> Pool Name |               |                                        |                                       |  |
|-----------------------------------|-----------------------------------------|-------------------------------|--------------------|------------------------|-----------------------|------------------------|---------------|----------------------------------------|---------------------------------------|--|
| 30-0                              | 30-015-43398 96610 Empire; Glorieta-Yes |                               |                    |                        |                       |                        | so, East      |                                        |                                       |  |
| <sup>4</sup> Property Co<br>39291 |                                         | Froperty Name HOGAN STATE COM |                    |                        |                       |                        |               | <sup>6</sup> Well Number<br><b>25H</b> |                                       |  |
| 70GRID<br>22913                   |                                         |                               | COG OPERATING, LLC |                        |                       |                        |               |                                        | <sup>9</sup> Elevation<br><b>3643</b> |  |
|                                   |                                         |                               |                    |                        | <sup>10</sup> Surface | Location               |               |                                        |                                       |  |
| UL or lot no.                     | Section                                 | Township                      | Range              | Lot Idn                | Feet from the         | North/South line       | Feet From the | East/West line                         | County                                |  |
| L                                 | 2                                       | 17S                           | 29E                |                        | 2380                  | SOUTH                  | 170           | WEST                                   | EDDY                                  |  |
|                                   |                                         |                               | 11 ]               | Bottom H               | lole Location         | If Different Fr        | om Surface    |                                        |                                       |  |
| UL or lot no.                     | Section                                 | Township                      | Range              | Lot Idn                | Feet from the         | North/South line       | Feet from the | East/West line                         | County                                |  |
| I                                 | 2                                       | 17S                           | 29E                |                        | 2310                  | SOUTH                  | 330           | EAST                                   | EDDY                                  |  |
| 12 Dedicated Acres                | 13 Joint                                | or Infill 14 (                | onsolidation       | Code 15 (              | Order No.             |                        |               |                                        |                                       |  |
| 160                               |                                         |                               |                    | 1                      |                       |                        |               |                                        |                                       |  |

No allowable will be assigned to this completion until all interest have been consolidated or a non-standard unit has been approved by the division.

